

BOUNDARY ADJUSTMENT APPLICATION

The planning staff is available to discuss this application and answer questions. The Planning Administrator shall review the completed application and may approve or disapprove it.

To expedite the review of your application, please be sure to address each of the following items.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Owner:								
Applicant:	E-mail:							
Phone: ()_	Mailing Address:							
City:	State: Zip Code:							
Location and Zo	oning District:							
Property Address	S:							
Parcel Numbers:								
Section:Township:Range: Total Acreage:								
Zoning District:	Proposed Lot Sizes: Parcel one Parcel two							
	Latest recorded deeds to the property Affidavit of Legal Interest \$163.00 Application Fee							
I, the undersigned, understand that the items listed below are required for my application to be considered complete and for it to be scheduled on the agenda for the Planning and Zoning Commission public meeting.								
• Applica	nt Signature: Date:							
I, the undersigned, am the owner of the referenced property and do hereby give my permission to								
• Owner	Signature: Date:							

Fees are non-refundable.

SECTION II: ITEMS REQUIRED

- 1. Narrative of the purpose of the Boundary Adjustment
- **2.** Two unrecorded deeds with new legal descriptions
- **3.** Plat of Survey labeled "Boundary Adjustment":
 - Drawn to scale
 - Legal description
 - Stamped and signed by a licensed land surveyor
 - Date of survey
 - Adequate access easements for each parcel
 - Each parcel labeled with acreage shown

SECTION III: STAFF SUMMARY ANALYSIS, REASONING AND FACT FINDING

SECTION IV: PLANNING ADMINISTRATOR/DESIGNEE REVIEW/ACTION

		Application is appr	oved	Application is disapp	proved	
Planning Administrator/Designee Signature:					_Date:	